

213047331  
11171

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 028	Agency Case No. B3-115170	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/13/2013		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1506	12/14/2013	
B 5	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 24th		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		40.00		X		North curb of S St
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	DRIVER UNKNOWN			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N 1	DRIVER ADDRESS			PHONE	LOCAL NO.	
V2/N 1	OWNER UNKNOWN			PHONE	LOCAL NO.	
G 2	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
H 5	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	STATE (Of Plate)
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O 1	VEHICLE ID NO. (VIN)	TOWED TO			TOWED BY	POLICY NO.
VEHICLE NO. 2						
I 7	DRIVER LICENSE NO.	DRIVER UNOCCUPIED			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P 8	DRIVER ADDRESS			PHONE	LOCAL NO.	
V2/P 7	OWNER FAHRI MEHMETI			PHONE 4025709519	DATE OF BIRTH (MM / DD / YYYY) 09-10-1971	
J 12	OWNER ADDRESS 458 N 24 ST, LINCOLN, NE 68503			CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE PA NO.	YEAR	MAKE	MODEL	BODY STYLE	STATE (Of Plate)
V2/Q 3	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K 01	VEHICLE ID NO. (VIN)	TOWED TO			TOWED BY	POLICY NO.
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F

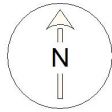
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B3-115170



Indicate  
North  
by Arrow

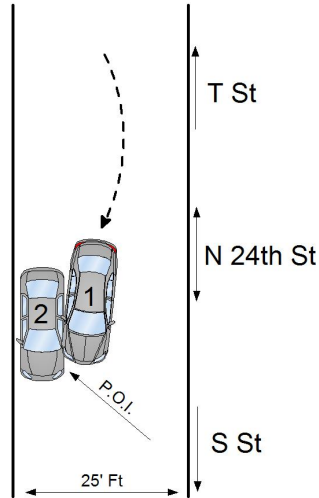


Measurements Are Approximate  
Not To Scale

Vehicle Moved Prior

POI:  
40' North of North curb of S St  
6' East of West curb of N 24th

AGL: 36 - 40 inches



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of V2 reported his vehicle was hit while it was legally parked and unoccupied. Owner stated he left his vehicle parked facing SB on N 24th/T-S St and later found damage to his driver's side mirror. The vehicle was moved prior to officers arrival and no debris was located. No suspects or witnesses.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2							
1		X			N 24th		POINT OF IMPACT	02	POINT OF IMPACT	08						
2		X			N 24th		POINT OF IMPACT	02	POINT OF IMPACT	08						
1	01	06 Turning left				MOST DAMAGED AREA	02	MOST DAMAGED AREA	08	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING Driver No. 1 Y Driver No. 2 Y Pedestrian Y		
2	10	08 Entering traffic lane				MOST DAMAGED AREA	02	MOST DAMAGED AREA	08	00 None 01 Top & windows 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right 06 Leaving traffic lane 07 Parked 08 Slowing or stopped in traffic 09 Other 10 Total (all areas) 11 Other 12 Unknown		01 02 03 04 05 06 07 08		ALCOHOL/DRUGS SUSPECTED Driver No. 1 5 Driver No. 2 1		
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right 06 Leaving traffic lane 07 Parked 08 Slowing or stopped in traffic 09 Other 10 Total (all areas) 11 Other 12 Unknown					TROOP/TEAM/BEAT 7				DEPARTMENT Lincoln Police Department				Photographs taken? YES NO			
OFFICER NO. 1704					INVESTIGATOR NAME (Print or Type) Angela Morehouse				INVESTIGATOR SIGNATURE Approved by Officer Angela Morehouse				DATE OF REPORT 12/14/2013			